WASHINGTON STATE PARKS & RECREATION COMMISSION

Proof of Eligibility Received	TYPE OF DOCUMENT
Proof of Residency Received	TYPE OF DOCUMENT

APPLICATION FOR DISABILITY PASS AND VETERAN'S LIFETIME PASS				Proof of Residency Received	TYPE OF DOCUMENT				
FIRST NAME: MIDDLE INITIAL: LAST NAME:									
MAILING ADDRESS:		CITY:		STATE:		ZIP CODE + 4:			
HOI	ME PHONE NUMBER: CELL PHONE NUMBER:		IBER:	EMERGENCY PHONE NUMBER		BIRTHDATE:			
1.	Proof of 3 Consecutive Months Residency in Washington State must include one of the following: • Washington State Driver's License. • Washington State Voter's Registration Card. • Washington State Identification Card								
2.									
	<u>The Disabled Veterans Lifetime Pass</u> : Proof of 30 percent or more service connected disability may be in the form of an award letter or letter of certification on letterhead stationery from the Veterans Administration or the Department of Veterans Affairs.								
	Replacements: There is a \$15 Administrative fee for lost, stolen or damaged passes that need replaced. Contact Olympia Headquarters at (360) 902-8844 or infocent@parks.wa.gov .								
3.	3. Application for Washington State Parks Disability Pass. Passes may take up to 30 days to process. Send to:								
	WASHINGTON STATE PARKS AND RECREATION COMMISSION Fax #: (360) 586-6640 1111 ISRAEL ROAD SW PO BOX 42650 E-mail: InfoCent@parks.wa.gov OLYMPIA WA 98504-2650								
Certification not required if proof of disability is provided in letter form on letterhead. CERTIFICATION OF DOCTOR OR AGENCY									
Atta	ach Certificate of Disability OR have the following com	pleted by authorizi	ng agent.						
I ce	rtify that								
(APPLICANT'S NAME) Profoundly Deaf (Doctor)									
Χ									
	PRINTED NAME OF DOCTOR OR AUTHORIZED REPRESI	ENTATIVE	SIGNATU	JRE					
AGE	ENCY:		PHONE NUM	BER:					
STREET ADDRESS:			CITY:		STATE:	ZIP CODE + 4:			
is c	ereby authorize the above agency or institution to releasing onfidential and shall not be released by Washington S Immission shall have the right and opportunity to exam	State Parks without	my approval or a	a court order. I und	erstand that Pa	arks & Recreation			

I understand that if any of the statements made on this application form are false or inaccurate, I will lose the privileges granted by the pass.

SIGNATURE OF APPLICANT